

Dear Applicant:

Enclosed you will find the forms necessary for you to apply for licensure as a Dietitian. It is strongly suggested that you read the Regulations prior to filling out the application, and then examine the directions entitled "**STEPS TO LICENSURE**" to see which forms are appropriate for you.

Please note the following:

- (a) Applications not completed in their entirety will be returned, minus the application fee, which is non-refundable.
- (b) The photograph must be a "passport photo."
- (c) The name on the application must match the name on the driver's license or Social Security Card. We will not accept nicknames, abbreviations, or alterations.
- (d) All fees are to be made payable to the Mississippi State Department of Health.

If you have any questions regarding the above, please contact our office as follows:

MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE-DIETITIAN
P.O. BOX 1700
JACKSON, MS 39215-1700
(601) 576-7260

Please be advised that it is illegal for any person, corporation or association to, in any manner, represent himself or itself as a dietitian or nutritionist, send out billings as providing nutrition care services, or use in connection with his or its name, the titles "dietitian" or "nutritionist" or use the letters "LD," "LN" or any other facsimile thereof when he or she is not licensed in accordance with the provisions of these regulations or meets the exemptions set forth in the statute and/or regulations. Individuals engaging in such practices, or employing non-licensed practitioners, will be subject to criminal and/or civil penalties.

Sincerely,

David Kweller
Health Facilities Surveyor II

DK/bj
Enclosure

STEPS TO LICENSURE DIETITIANS

Enclosed is a licensing packet for Dietitians. Two types of licensure are currently issued in Mississippi: Regular and Provisional. The requirements for each are as follows:

1. **Regular**

- a. Completed, notarized application.
- b. Application fee - \$100.00 (non-refundable).
- c. Copy of current CDR (blue) card.
- d. Verification of all licensure/registration, current or not current, reported directly from the licensing authority (with seal).

2. **Provisional (a 1 year license that may be renewed annually for 5 years):**

- a. Completed, notarized application.
- b. Application fee - \$50.00 (non-refundable).
- c. Commission on Accreditation/Approval for Dietetics Education Verification Statement.
- d. Verification of Residency form with attachments.
- e. Letter of supervision from the licensed dietitian or R.D. under whose direct technical supervision the applicant will practice.
- f. Verification of all licensure/registration, current or not current, reported directly from the licensing authority (with seal).

All requirements must be on file and satisfactory to this office before a license may be issued.

Dietitian/Nutritionist
Application for Licensure

Office Use

Check No. _____

Amount \$ _____

Date ____/____/____

(Please type or print in ink)

License Type Regular (R.D.) ☐ Provisional ☐

1. Date: _____

2. Name: _____
(Last) (First) (Middle)

3. Home Address: _____ 4. Telephone Number (____) _____

5. _____ 6. _____ 7. _____
(City) (State) (Zip Code) (County)

8. Social Security No. - - 9. Date of Birth: - -

10. Race: _____ 11. Sex: Male ☐ Female ☐ 12. U.S. Citizen: No ☐ Yes ☐ 13. Legal Alien: No ☐ Yes ☐

14. Place of Employment: _____

15. Title of Position: _____ 16. Supervisor: _____

17. Employment Address: _____ 18. Telephone Number (____) _____

(City) (State) (Zip Code) (County)

19. Are there any criminal or civil suits pending against you? If yes, attach a full explanation. No ☐ Yes ☐

20. Are you now addicted to or have you ever excessively used alcohol, narcotics, barbiturates or habit forming drugs? If yes attach a full explanation. No ☐ Yes ☐

21. Have you ever been convicted of any violations of law (except minor traffic violations)? If yes, attach a full explanation. No ☐ Yes ☐

22. a. Have you ever had a license or permit encumbered in any way? No ☐ Yes ☐

b. If yes, has the decree changed? Attach a full explanation. No ☐ Yes ☐

23. Have you ever been declared mentally incompetent by any court? If yes, attach an explanation. No ☐ Yes ☐

24. a. Are you currently registered by the Commission on Dietetic Registration? No ☐ Yes ☐

b. CDR number: _____ (attach a copy of your certification)

25. Have you ever been licensed in another state in the area of Dietetics/Nutrition? No ☐ Yes ☐

If yes, list all licenses (current/not current) including Mississippi. **All licenses must be verified by the licensing authority - with board seal. (See Verification of Licensure Form.)**

1. _____ 4. _____ 7. _____ 10. _____

2. _____ 5. _____ 8. _____ 11. _____

3. _____ 6. _____ 9. _____ 12. _____



Subscribed and sworn to before me this _____ day
of _____, 20 _____.
My commission expires_____.

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Licensure of Dietitians and affirm that all conditions for licensure have been met and will be maintained.

(Notary Public)

(Applicant's Signature)

Notary Seal

*Copy of Social Security Card
or
Drivers License*

Complete form, enclose fee and mail to: **Mississippi State Department of Health
Professional Licensure: Dietitians
P. O. Box 1700
Jackson, Mississippi 39215-1700**

*Photo
(only a Passport Photo
will be accepted)*



Information/Verification Between States

Instructions:

Complete Part I of this form and send to the licensing board of the state or jurisdiction in which you hold a current license. Once they complete Part II, this form should be forwarded to the address on the back of this form.

Part I**~ To Be Completed by Applicant ~**

To Whom This May Concern:

I am applying for a license as a Dietitian in the State of Mississippi and hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or my practice. When both (Parts I and II) are completed, please return the form to the licensing authority noted on the back of this form.

Applicant's Signature: _____

Date: _____

Type or Print Full Name: _____
(First) (Middle) (Last)

Address: _____
(Street/P. O. Box) (City) (State) (Zip)

Date of Birth: _____ Social Security No.: _____

Employer: _____ Supervisor: _____

Your Job Title: _____ Telephone Number: ____ (____) _____

Description of License Held in Other Jurisdiction:

Jurisdiction: _____ License No.: _____

Title of License: _____

Date Issued: _____ Expiration Date: _____



Part II

~ To Be Completed By Board Or Regulatory Agency ~

1. Does the above information confirm with that in your records? ☐ Yes ☐ No. If no, please explain:

2. Did the applicant obtain the original license from your state? ☐ Yes ☐ No. If no, which state issued the original license? _____
3. Was the applicant licensed under a "grandfathering" provision? ☐ Yes ☐ No
4. Is the applicant a registered Dietitian? ☐ Yes ☐ No.
5. Do you consider the applicant to be in good standing at this time? ☐ Yes ☐ No. If no, please explain:

6. According to your records, has the applicant ever been disciplined by your board, any state agency or by any professional organization? ☐ Yes ☐ No. If yes, please explain and attach a copy of the order, decree or other relevant documentation. _____
7. Do you have any additional comments regarding the applicant's license or practice? _____

Date: _____

Board Chair or Designated Official

Title of Board

Board Seal

Address

City

State

Zip

Phone

Upon completion of this form by the Licensure/Registration Authority, please forward to:

**Mississippi State Department of Health
Professional Licensure: Dietitian
P. O. Box 1700
Jackson, Mississippi 39215-1700**



Dietitian

Verification of Residency

1. Date: _____

2. Name: _____
(Last) (First) (Middle)

3. Home Address: _____ 4. Telephone Number (____) _____

(City) (State) (Zip Code) (County)

5. Social Security No. - - 6. Date of Birth: - -

7. Documents attached (any two (2) of following) with name and address of applicant

- ☐ Telephone Bill
- ☐ Bank Statement
- ☐ Lease
- ☐ Electric Bill
- ☐ Gas Bill
- ☐ Voter Registration Card

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above Verification of Residency form, that I am, as of the date of this application a resident of the State of Mississippi, and that all statements contained herein or accompanying this form are true to the best of my knowledge and belief.

(Applicant's Signature)

Complete form, enclose fee and mail to: **Mississippi State Department of Health
Professional Licensure: Dietitian
P. O. Box 1700
Jackson, Mississippi 39215-1700**

